

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESFORM APPROVED  
OMB No. 0938-0193**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

0 5 — 0 0 5

2. STATE

California

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

August 1, 2005

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

7. FEDERAL BUDGET IMPACT

a. FFY 2005 \$ 124,206,000

b. FFY 2006 \$ 297,101,500

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 4 to Attachment 4.19-D, P.1-17

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 4.19-D p.1 revised

Attachment 4.19-D p. 1.1 new

10. SUBJECT OF AMENDMENT

Facility Specific Reimbursement Rate Methodology for Freestanding Skilled Nursing  
Facilities and Subacute Care Units of Freestanding Facilities.

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Stan Rosenstein

14. TITLE

Deputy Director, Medical Care Services

15. DATE SUBMITTED

6/30/05

16. RETURN TO

Department of Health Services

Attn: State Plan Co-ordinator

1501 Capitol Av., Ste. 71-4001

MS 4600

P.O. Box 997413

Sacramento, CA 95899-7413

17. DATE RECEIVED

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED

9-9-05

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

AUG - 1 2005

20. SIGNATURE OF REGIONAL OFFICIAL

Bill Lasowski

21. TYPED NAME

William Lasowski

22. TITLE

Acting Deputy Director, CMSO

23. REMARKS